


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # V22079 (0)		
1. Corporation Name AAAA FINANCE CORP.		

Principal Place of Business 25525 HWY 46 SUITE 1 SORRENTO FL 32776 US	Mailing Address P.O. BOX 1515 MOUNT DORA FL 32756-1515 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 18500 U.S. Hwy 441 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/18/1992	
22 City & State 23 Mt. Dora, FL		27 City & State		4. FEI Number 59-3119823	
24 32757		25 U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
27		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
30		31			

9. Name and Address of Current Registered Agent HILL, KAY 25525 HWY 46 SORRENTO FL 32776		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1206 Old Eustis Road 83 84 City Mt. Dora FL 85 Zip Code 32757	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, KAY W.	1.2 NAME	
STREET ADDRESS	25525 HWY 46 STE 1	1.3 STREET ADDRESS	1206 Old Eustis Road
CITY-ST-ZIP	SORRENTO FL	1.4 CITY-ST-ZIP	Mt. Dora, FL 32757
TITLE	SC	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, EUGENE G.	2.2 NAME	
STREET ADDRESS	25525 HWY 46 SUITE 1	2.3 STREET ADDRESS	1206 Old Eustis Road
CITY-ST-ZIP	SORRENTO FL	2.4 CITY-ST-ZIP	Mt. Dora, FL 32757
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, MIKE	3.2 NAME	
STREET ADDRESS	2790 E CROOKED LAKE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAGLE, MARK	4.2 NAME	
STREET ADDRESS	1627 SW 30TH CT	4.3 STREET ADDRESS	38240 Sabal Way
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	Umatilla, FL 32784
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMPTON, LANCE	5.2 NAME	
STREET ADDRESS	6861 SYLVAN WOODS DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lance Hampton* 4-3-98 352-383-9007

CR2E034 (10/97)